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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/644,920
Filing Date	August 21, 2003
First Named Inventor	Xiangjing Gao
Art Unit	
Examiner Name	
Attorney Docket Number	22,670.00

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Patent No. 6,962,198.  
Issue Date Nov. 8, 2005

Please withdraw me as attorney or agent for the above identified patent application, and

- all the practitioners of record;  
 the practitioners (with registration numbers) of record listed on the attached paper(s); or  
 the practitioners of record associated with Customer Number: \_\_\_\_\_

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)     | <input type="checkbox"/> 10.40(b)(3)                                  | <input type="checkbox"/> 10.40(b)(4)     |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii)                             | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)                                  | <input type="checkbox"/> 10.40(c)(3)     |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)     | <input checked="" type="checkbox"/> 10.40(c)(6) Please explain below: |  |

First named inventor recently paid the Patent Office directly the first maintenance fee due as to his above patent, thus indicating that he no longer feels the need for the services of this attorney.

### Certifications

Check each box below that is factually correct. **WARNING: If a box is left unchecked, the request will likely not be approved.**

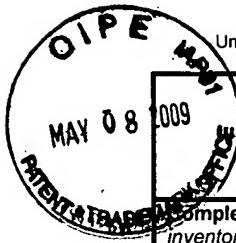
- I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

**Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.**

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A.  The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

**OR**

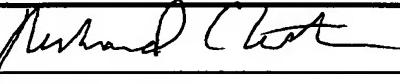
B. <input checked="" type="checkbox"/> Inventor or Assignee name	Xiangjing Gao
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Address 4780 Byers Road			
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City Alpharetta	State GA	Zip 30022	Country U.S.
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Telephone 678-366-3168	Email
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature 
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Name Richard C. Litman	Registration No. 30,868
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Address Litman Law Offices, 3717 Columbia Pike			
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City Arlington	State VA	Zip 22204	Country U.S.
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Date May 8, 2009	Telephone No. 703-486-1000
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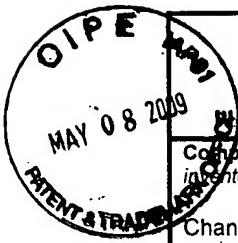
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Assignee name Xiangjing Gao

Address 4780 Byers Road

City Alpharetta	State GA	Zip 30022	Country U.S.
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Telephone	678-366-3168	Email
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